ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 810a

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

Township Village

City Miami No. 104 B. Smith St. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Wayne Clifford Hogan { If child is not yet named, make supplemental report, as directed

3. Sex Male | 4. If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? yes | 8. Date of birth Oct. 6 1933 (Month, day, year)

FATHER

9. Full name James Harold Hogan

10. Residence (usual place of abode) (If nonresident, give place and State) Miami Ariz.

11. Color or race Caue | 12. Age at last birthday 32 (Years)

13. Birthplace (city or place) St. Paul (State or country) Minn.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postal Clerk

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U. S. Post Office

16. Date (month and year) last engaged in this work 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Margaret Lenora Murray

19. Residence (usual place of abode) (If nonresident, give place and State) Miami Ariz.

20. Color or race Caue | 21. Age at last birthday 24 (Years)

22. Birthplace (city or place) Uvalde (State or country) Texas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work 19

26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation months or weeks

29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Cyril M. Crow M.D. M.D.

or Midwife

Address Miami, Arizona

Filed Oct 6 1933 no Bayles Registrar.

Given name added from a supplemental report (Date of)

685-1006-448 Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

In order of birth statistics